

BEST AVAILABLE COPY

| <i>Index of Claims</i> | | | Application No. | Applicant(s) | | | | | | | | | | | | | | | | |
|--|--------------------------------|----------|--------------------------------------|------------------|--------------------------|--------------------------------|--------------------------|-------------|--------------------------|--------|-------------------------------------|---------|--------------------------|------------|--------------------------|--------------|--------------------------|----------|--|--|
| | | | 10/008,810 | MAJUMDAR ET AL. | | | | | | | | | | | | | | | | |
| | | | Examiner Katarzyna Wyrozebski Lee | Art Unit 1714 | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Rejected</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Through numeral) Cancelled</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Non-Elected</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Appeal</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Allowed</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Restricted</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interference</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Objected</td> </tr> </table> | | | <input checked="" type="checkbox"/> | Rejected | <input type="checkbox"/> | (Through numeral) Cancelled | <input type="checkbox"/> | Non-Elected | <input type="checkbox"/> | Appeal | <input checked="" type="checkbox"/> | Allowed | <input type="checkbox"/> | Restricted | <input type="checkbox"/> | Interference | <input type="checkbox"/> | Objected | | |
| <input checked="" type="checkbox"/> | Rejected | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | (Through numeral) Cancelled | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Non-Elected | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Appeal | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Allowed | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Restricted | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Interference | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Objected | | | | | | | | | | | | | | | | | | | |
| Claim | Date | Claim | Date | Claim | Date | | | | | | | | | | | | | | | |
| Final | | Final | | Final | | | | | | | | | | | | | | | | |
| Original | | Original | | Original | | | | | | | | | | | | | | | | |
| O | | O | | O | | | | | | | | | | | | | | | | |
| 1 | - - - - - | 51 | - - - - - | 101 | | | | | | | | | | | | | | | | |
| 2 | - - - - - | 52 | - - - - - | 102 | | | | | | | | | | | | | | | | |
| 3 | - - - - - | 53 | - - - - - | 103 | | | | | | | | | | | | | | | | |
| 4 | - - - - - | 54 | - - - - - | 104 | | | | | | | | | | | | | | | | |
| 5 | - - - - - | 55 | - - - - - | 105 | | | | | | | | | | | | | | | | |
| 6 | - - - - - | 56 | - - - - - | 106 | | | | | | | | | | | | | | | | |
| 7 | - - - - - | 57 | - - - - - | 107 | | | | | | | | | | | | | | | | |
| 8 | - - - - - | 58 | - - - - - | 108 | | | | | | | | | | | | | | | | |
| 9 | - - - - - | 59 | - - - - - | 109 | | | | | | | | | | | | | | | | |
| 10 | - - - - - | 60 | - - - - - | 110 | | | | | | | | | | | | | | | | |
| 11 | - - - - - | 61 | - - - - - | 111 | | | | | | | | | | | | | | | | |
| 12 | - - - - - | 62 | - - - - - | 112 | | | | | | | | | | | | | | | | |
| 13 | - - - - - | 63 | - - - - - | 113 | | | | | | | | | | | | | | | | |
| 14 | - - - - - | 64 | - - - - - | 114 | | | | | | | | | | | | | | | | |
| 15 | - - - - - | 65 | - - - - - | 115 | | | | | | | | | | | | | | | | |
| 16 | - - - - - | 66 | - - - - - | 116 | | | | | | | | | | | | | | | | |
| 17 | - - - - - | 67 | - - - - - | 117 | | | | | | | | | | | | | | | | |
| 18 | - - - - - | 68 | - - - - - | 118 | | | | | | | | | | | | | | | | |
| 19 | - - - - - | 69 | - - - - - | 119 | | | | | | | | | | | | | | | | |
| 20 | - - - - - | 70 | - - - - - | 120 | | | | | | | | | | | | | | | | |
| 21 | - - - - - | 71 | - - - - - | 121 | | | | | | | | | | | | | | | | |
| 22 | - - - - - | 72 | - - - - - | 122 | | | | | | | | | | | | | | | | |
| 23 | - - - - - | 73 | - - - - - | 123 | | | | | | | | | | | | | | | | |
| 24 | - - - - - | 74 | - - - - - | 124 | | | | | | | | | | | | | | | | |
| 25 | - - - - - | 75 | - - - - - | 125 | | | | | | | | | | | | | | | | |
| 26 | - - - - - | 76 | - - - - - | 126 | | | | | | | | | | | | | | | | |
| 27 | - - - - - | 77 | - - - - - | 127 | | | | | | | | | | | | | | | | |
| 28 | - - - - - | 78 | - - - - - | 128 | | | | | | | | | | | | | | | | |
| 29 | - - - - - | 79 | - - - - - | 129 | | | | | | | | | | | | | | | | |
| 30 | - - - - - | 80 | - - - - - | 130 | | | | | | | | | | | | | | | | |
| 31 | - - - - - | 81 | - - - - - | 131 | | | | | | | | | | | | | | | | |
| 32 | - - - - - | 82 | - - - - - | 132 | | | | | | | | | | | | | | | | |
| 33 | - - - - - | 83 | - - - - - | 133 | | | | | | | | | | | | | | | | |
| 34 | - - - - - | 84 | - - - - - | 134 | | | | | | | | | | | | | | | | |
| 35 | - - - - - | 85 | - - - - - | 135 | | | | | | | | | | | | | | | | |
| 36 | - - - - - | 86 | - - - - - | 136 | | | | | | | | | | | | | | | | |
| 37 | - - - - - | 87 | - - - - - | 137 | | | | | | | | | | | | | | | | |
| 38 | - - - - - | 88 | - - - - - | 138 | | | | | | | | | | | | | | | | |
| 39 | - - - - - | 89 | - - - - - | 139 | | | | | | | | | | | | | | | | |
| 40 | - - - - - | 90 | - - - - - | 140 | | | | | | | | | | | | | | | | |
| 41 | - - - - - | 91 | - - - - - | 141 | | | | | | | | | | | | | | | | |
| 42 | - - - - - | 92 | - - - - - | 142 | | | | | | | | | | | | | | | | |
| 43 | - - - - - | 93 | - - - - - | 143 | | | | | | | | | | | | | | | | |
| 44 | - - - - - | 94 | - - - - - | 144 | | | | | | | | | | | | | | | | |
| 45 | - - - - - | 95 | - - - - - | 145 | | | | | | | | | | | | | | | | |
| 46 | - - - - - | 96 | - - - - - | 146 | | | | | | | | | | | | | | | | |
| 47 | - - - - - | 97 | - - - - - | 147 | | | | | | | | | | | | | | | | |
| 48 | - - - - - | 98 | - - - - - | 148 | | | | | | | | | | | | | | | | |
| 49 | - - - - - | 99 | - - - - - | 149 | | | | | | | | | | | | | | | | |
| 50 | - - - - - | 100 | - - - - - | 150 | | | | | | | | | | | | | | | | |